

State of Michigan  
Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Enforcement Division  
P.O. Box 30454, Lansing, Michigan 48909-9897

## MICHIGAN HEALTH PROFESSIONAL REPORT OF CONVICTION

<b>REPORTING ENTITY:</b>																															
Court																															
Street Address																															
City	State	Zip Code																													
<p>MCL 333.16243(1)(c) provides in pertinent part that the Department may request and receive "... information from a court in this state as to a felony or misdemeanor conviction...against a licensee or registrant".</p> <p>Further, in the Code of Criminal Procedure states under 769.16a(7), "Within 21 days after the date a person licensed or registered under article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838, is convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance or a felony, the clerk of the court entering the conviction <b>shall report</b> the conviction to the (now) Department of Licensing and Regulatory Affairs on a form prescribed and furnished by the Department".</p>																															
<b>DEFENDANT NAME, IDENTIFIERS AND CONVICTION INFORMATION</b>																															
First Name	Middle Name	Last Name																													
Previous Name(s) Used																															
Street Address																															
City	State	Zip Code																													
Date of Birth	Court Case Number	Conviction Date																													
List Offense(s) and Classification (i.e. misdemeanor, felony, etc.)																															
<p><b>Check in which Health Care Profession(s) the Defendant is licensed/registered:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Acupuncturist</td> <td><input type="checkbox"/> Dietitian or Nutritionist</td> <td><input type="checkbox"/> Osteopathic Physician (DO)</td> <td><input type="checkbox"/> Sanitarian</td> </tr> <tr> <td><input type="checkbox"/> Allopathic Physician (MD)</td> <td><input type="checkbox"/> Marriage &amp; Family Therapist</td> <td><input type="checkbox"/> Pharmacist</td> <td><input type="checkbox"/> Social Worker</td> </tr> <tr> <td><input type="checkbox"/> Athletic Trainer</td> <td><input type="checkbox"/> Massage Therapist</td> <td><input type="checkbox"/> Physical Therapist, PTA</td> <td><input type="checkbox"/> Speech/Language Pathologist</td> </tr> <tr> <td><input type="checkbox"/> Audiologist</td> <td><input type="checkbox"/> Nurse (RN or LPN)</td> <td><input type="checkbox"/> Physician's Assistant</td> <td><input type="checkbox"/> Veterinarian</td> </tr> <tr> <td><input type="checkbox"/> Chiropractor</td> <td><input type="checkbox"/> Nursing Home Administrator</td> <td><input type="checkbox"/> Podiatrist</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Counselor</td> <td><input type="checkbox"/> Occupational Therapist, OTA</td> <td><input type="checkbox"/> Psychologist</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dentist, Hygienist, RDA</td> <td><input type="checkbox"/> Optometrist</td> <td><input type="checkbox"/> Respiratory Therapist</td> <td></td> </tr> </table>				<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Dietitian or Nutritionist	<input type="checkbox"/> Osteopathic Physician (DO)	<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Allopathic Physician (MD)	<input type="checkbox"/> Marriage & Family Therapist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Physical Therapist, PTA	<input type="checkbox"/> Speech/Language Pathologist	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Nurse (RN or LPN)	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Nursing Home Administrator	<input type="checkbox"/> Podiatrist		<input type="checkbox"/> Counselor	<input type="checkbox"/> Occupational Therapist, OTA	<input type="checkbox"/> Psychologist		<input type="checkbox"/> Dentist, Hygienist, RDA	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Respiratory Therapist	
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Submitted by:			Date																												
Title/Position			Telephone Number with Area Code																												

**RETURN COMPLETED FORM TO THE ADDRESS LISTED ABOVE OR FAX TO THE ALLEGATION SECTION AT (517) 241-2389.**

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.